REMARKS:

In response to the Office Action mailed May 23, 2008, claims 3, 4, 7, 8, 10-11, 15-17, 19-24, 29, 30, and 35 have been amended, and claim 33 has been canceled without prejudice. No new matter has been introduced as the amendments are fully supported by the original disclosure, e.g., in paragraphs [0006] and [0056]-[0059], and in FIGS. 10-12B. Therefore, claims 3, 4, 7, 8, 10, 11, 15-17, 19-31, 34, and 35 are currently pending.

In the Office Action, claims 4, 8, 10-11, 15-17, 20-23, and 29 were objected to for informalities, claims 3, 4, and 15-17 were rejected under 35 U.S.C. § 102(b) as anticipated by U.S. Patent No. 5,607,444 ("the Lam reference"), claims 3, 4, and 15-17 were rejected under 35 U.S.C. § 102(b) as anticipated by U.S. Patent No. 5,632,762 ("the Myler reference"), and claims 3, 4, 7, 8, 10, 11, 15-17, 19-23, 33, and 34 were rejected under 35 U.S.C. § 102(b) as anticipated by either U.S. Patent No. 6,210,429 or U.S. Patent No. 6,325,826 ("the Vardi et al. reference"). Finally, claims 24-31 and 35 were rejected under 35 U.S.C. § 103(a) as unpatentable over the Lam reference.

Because none of the cited references, either alone or in combination, discloses, teaches, or suggests the subject matter of the present claims, the rejections should be withdrawn.

Turning first to the claim objections, claims 4, 8, 10-11, 15-17, 20-23, and 29 have been amended to replace "A method" with "The method," as suggested by the Examiner. These amendments do not modify the scope of these claims.

Turning to claim 3, as amended, claim 3 recites a method of treating a secondary cardiovascular vessel extending from a primary cardiovascular vessel that includes providing a stent having distal and proximal stent portions, said proximal stent portion being more

expandable than said distal stent portion; providing a balloon within said stent, said balloon having a distal balloon portion and a proximal balloon portion, said distal balloon portion being within said distal stent portion and said proximal balloon portion being within said proximal stent portion, said proximal balloon portion being more expandable than said distal balloon portion; positioning said stent so that said distal stent portion is located in the secondary vessel and said proximal stent portion is located in the primary vessel; initially inflating said balloon, whereby said proximal balloon portion expands said proximal stent portion to form a flange engaging an interior wall of the primary vessel without fully inflating the distal balloon portion; and fully inflating said balloon whereby said distal balloon portion expands said distal stent portion to support the secondary vessel.

None of the cited references discloses, teaches, or suggests an expandable member that is initially inflated whereby the proximal balloon portion expands the proximal stent portion to form a flange engaging an interior wall of the primary vessel and a distal end of the distal balloon portion is inflated ***without fully inflating the distal balloon portion***; and ***then*** fully inflating the balloon whereby the distal balloon portion expands the distal stent portion to support the secondary vessel.

More particularly, as recited in claims 7 and 32, the cited references do not disclose, teach, or suggest initially inflating a balloon to expand the proximal balloon portion and the distal end of without fully inflating the distal balloon portion, thereby ***trapping plaque within the stent***, and then fully inflating the balloon. Such a method is not obvious and provides a substantial advantage that is not addressed by the cited references, i.e., trapping plaque on the wall of the secondary vessel within the stent, which may otherwise be released and travel to

other locations within a patient's body, where they risk causing an embolism or other damage. Neither this problem nor any solution to it are proposed in the cited references.

For example, the Lam reference merely discloses expanding a balloon catheter 23 such that a tubular body 24 of a stent 10 is seated within and repairs the diseased vessel 21 and a flaring portion 25 is expanded and deformed so that the ostial stent 10 "caps" the ostium to the diseased portion 31 of the vessel 21. Although the Lam reference makes a passing reference to not seating and capping contemporaneously, the reference does not disclose the particular sequences recited in claims 3 or 32, nor would such a sequence be obvious given the limited teachings of the Lam reference. The only motivation to conclude that the inflation sequences recited in claims 3 or 32 obvious is the teachings of the present application, which constitutes improper hindsight.

Similarly, the Myler reference also does not disclose, teach, or suggest initially inflated whereby the proximal balloon portion expands the proximal stent portion to form a flange engaging an interior wall of the primary vessel and a distal end of the distal balloon portion is inflated without fully inflating the distal balloon portion; and then fully inflating the balloon whereby the distal balloon portion expands the distal stent portion to support the secondary vessel, as claimed. In contrast, in the method shown and described with reference to FIGS. 7 and 8 of the Myler reference, the stent 44 has already been expanded using a balloon 47, as shown in FIG. 6, before the separate balloon 24 is inflated to expand the proximal section 48 of the stent 44 into a flared configuration. Col. 5, line 66 to col. 6, line 16.

Finally, the Vardi et al. references merely disclose a branch stent 15 that "is held in a collapsed position by a protective sheath 34, as shown in FIG. 6c." Col. 7, lines 45-47. The

contacting portion 18 of the branch stent 15 is not expanded by initially inflating a balloon or expandable member. Instead, the contacting portion 18 is self-expanding, i.e., is held in the collapsed position until the protective sheath 34 is withdrawn. The Vardi et al. references do not disclose, teach, or suggest anything about flaring the contacting portion 18 by expanding a balloon, let alone teach or suggest initially inflating a balloon to flare the contacting portion and then fully inflating the balloon to expand the rest of the stent. Accordingly, claim 3 and its dependent claims are not obvious over the cited references.

For similar reasons, independent claims 7, 19, 24, and 35 are also not obvious over the cited references.

In addition, claim 24 and 35 recite that the expandable member is initially inflated such that the proximal portion is inflated to a bulbous shape that is symmetrical about a longitudinal axis of the stent, and then fully inflating the expandable member. As explained above, none of the cited references discloses, teaches or suggests this sequence of inflation. Further, the Lam reference does not disclose such a bulbous shape, but instead discloses an asymmetrical shape, as can be clearly seen in FIGS. 6-8. Finally, the Lam reference does not disclose, teach, or suggest a stent that, when fully expanded, flares the proximal stent portion ***up to a degree generally perpendicular*** to a longitudinal axis of the stent, as recited in claim 35. In contrast, the Lam balloon 37 expands asymmetrically such that the balloon catheter 23 bends the flaring portion 25 of the stent 20 to an angle greater than ninety degrees, i.e., such that the flaring portion 25 is flared far beyond an angle perpendicular to a longitudinal axis of the stent. Accordingly, for these additional reasons, claims 24 and 35 are not obvious over the Lam reference.

In view of the foregoing, it is submitted that the claims now presented in this application define patentable subject matter over the cited prior art. Accordingly, reconsideration and allowance of the application is requested.

Applicants hereby petition for any extension of time necessary to make the present response timely. Applicants believe that a three month extension is currently required.

Respectfully submitted,
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